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FOR INFORMATION

UNESCO/UNICEF JOINT COMMITTEE ON EDUCATION

Report of the first meeting held at the headquarters of the United Nations Educational, Scientific and Cultural Organization

Paris, 28 and 29 March 1990

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UNESCO-UNICEF JOINT COMMITTEE ON EDUCATION

First Meeting, UNESCO Paris

28-29 March 1990

REPORT

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III. List of Participants

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UNESCO-UNICEF JOINT COMMITTEE ON EDUCATION

First Meeting, UNESCO Paris

28-29 March 1990

1. Introduction

The opening session of the Joint Committee began at 9:30 a.m., 28 March 1990, chaired by Mr. Yahia Aliyu, Chairperson of the UNESCO Executive Board. Mr. Aliyu noted the importance of this first meeting, particularly as an immediate follow-up to the World Conference on Education for All, held in Jomtien, Thailand, 5-9 March 1990.

Mr. Federico Mayor, Director-General of UNESCO, in his opening statement, welcomed the establishment of the Committee as a significant innovation reinforcing, at the level of the two Executive Boards, the close co-operation of the two secretariats, and ensuring that regular high level consultation and exchange of views would take place. The Director-General stressed that basic education - Education for All - is one of the three major priorities of the UNESCO Medium Term Plan (1990-1995); he underlined early childhood development, basic education and literacy, women's and girls' educations, as well as health and nutrition education as areas in which there is particular convergence between the concerns of UNESCO and those of UNICEF. He emphasized the importance of the Committee in taking up the challenges posed by the World Conference and in reinforcing the concern with basic education of the forthcoming meetings of the two Agencies' Executive Boards (UNICEF-April; UNESCO-May), of the Children's Summit and of the International Conference on Education, both to take place in September 1990.

The Executive Director of UNICEF, Mr. James Grant, reiterated the timeliness of the establishment of the Committee in giving a new thrust to co-operation on basic education after the epoch-making Jomtien

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Conference and noted the critical influence that the first Committee meeting could have on the possible endorsement by the UNICEF Executive Board of a major new UNICEF initiative in basic education for the 1990s. Mr. Grant re-stated the commitment of UNICEF, which he expressed at Jomtien, to double expenditure on basic education to 15% ($100 million) of the total programme budget by 1993-94 and to 20% ($200 million) of the projected programme budget by the year 2000. He noted the critical importance of basic education to sustainable development. Basic education, he stressed, is much more than schooling, and can be provided through many channels, including the "third channel" of traditional and mass means of communications. The Jomtien Conference was particularly important for its emphasis on setting basic education targets and goals, on learning achievement, and on the need for reform of the schooling process in terms of content, relevance, cost restructuring, the capacity to retain children (especially girls), and to benefit from educational innovations emerging in many countries.

2. Election of Officers of the Meeting

Participants elected by acclamation Mr. Asavia Wandira (Uganda), member of the UNESCO Executive Board, as chairperson of this first Joint Committee meeting. Mrs. Ingrid Eide (Norway - UNESCO Executive Board) and Mr. Gabriel Fernandez (Liberia - UNICEF Executive Board) were elected as co-rapporteurs of the meeting. Mr. Wandira immediately assumed the chair. (See Annex III, List of Participants).

3. Adoption of programme of work

The draft programme of work placed before the Committee was adopted by members (see Annex IV).

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4. Title and Terms of Reference of the Committee

The title and terms of reference of the Committee, as previously approved by the respective Executive Boards of the two Organizations, were discussed and slightly edited to ensure total convergence. (See Annex I, Terms of Reference of the UNESCO/UNICEF Joint Committee on Education).

5. Summary of Committee discussions and work and co-operation in education, on the World Conference on Education for All, and follow-up actions

5.1 UNICEF Co-operation in education

An overview of UNICEF co-operation in education was provided by the UNICEF Secretariat. The profile of co-operation as presented was supplemented by an explanation of UNICEF's interest in the broader economic context of basic education and of the modus operandi of UNICEF.

UNICEF's work on Adjustment with a Human Face was highlighted, focussinf on the need to ensure that human concerns are recognized in any process of structural adjustment. Education for All goals provide a touchstone by which to judge the extent to which adjustment policies and programmes promote progress towards human development.

UNICEF structural features, to be taken into account in co-operating with UNESCO, include the following:

a) Co-operation with UNICEF is of necessity focussed at the field level, since 84% of all UNICEF staff are in the field;

b) Of UNICEF's programme budge (approx. $500 million in 1989), two thirds is in cash or kind, 7% support training, and the balance is allocated for project personnel.

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c) UNICEF does not have projects as such, but operates through country plans of operation of up to 5 years' duration, usually based on a two-year preparation process.

d) Within the UNICEF policy framework and national priorities, authority is largely decentralized to country representatives.

e) At country level, the nodal contact point with government is usually the Ministry of Planning. This reinforces particular sectoral contacts. UNICEF is also mandated to work with non-governmental organizations (NGOs).

5.2 UNESCO activities in education

The UNESCO Secretariat, in outlining UNESCO's activities in education, noted that some 40 percent of UNESCO Regular Programme is devoted to education. The fight against illiteracy is UNESCO's absolute priority. UNESCO shares the concern of UNICEF over the impact of economic and financial problems on education systems, and the conceptual, ethical and moral crises facing education were also emphasized. The planned World Education Report will seek to address these critical issues.

The need for socially more sensitive development models in the 1990s was emphasized, as was the catalytic role of intergovernmental agencies such as UNESCO in redirecting the thinking and action related to development towards human development goals. UNESCO's Medium Term Plan 1990-1995 was outlined in this context.

UNESCO's action at the national level mostly relies on member governments and partner agencies. One of UNESCO's main strengths are its extensive regional programmes and networkds. The UNESCO Institutes - IIEP, IBE, and UIE - also play a valuable role in educational research, training and documentation. UNESCO considers

it important to increasingly support and utilize South-South networks because of their comparative advantage in terms of understanding the reality, and the relevance of experiences. Some of UNESCO's priority actions in education were outlined - improving education statistics and indicators to monitor progress towards basic education goals, improving educational opportunities for girls and women, young child development and the family environment, coping with childhood disability, and others.

It was noted that the 1990 International Conference on Education will call on Ministers of Education to report on follow-up to the World Conference.

At present, 50% of the staff and 60% of the budget of UNESCO's Education Sector are decentralized; UNESCO intends to proceed further with decentralization.

5.3 The UNESCO/UNICEF Co-operative Programme

A co-operative programme between the UNESCO and UNICEF Secretariats has been carried out for more than 20 years involving jointly funded programme resources and staff at UNICEF and UNESCO Headquarters as well as in certain regional offices. This programme which had played an important role in advocating and clarifying the concept of basic education, was last revised in 1982. Both organizations now consider it timely to renew and strengthen their programme of co-operation so that it can assume its proper role in the follow-up to the World Conference on Education for All.

5.4 Discussion highlights

The sharing of views in the Committee highlighed the success of the World Conference in placing basic education once again as a major item on the world development agenda, and in strengthening the

commitment to human development in the Fourth Development Decade. The cross-sectoral representation of decision-makers at the Conference was seen as important, as was the fullfledged presence of NGOs, emphasizing the new partnerships and approaches necessary to ensure the achievement of Education for All Goals. THe Conference also generated a major break-through in its emphasis on the need to reallocate resources from military expenditure to social investments, including investment in education for all.

The Conference provided a forum for renewal of commitment, especially to the reduction of disparities in education, to the educations of girls and women, and to the education of disadvantaged groups. It strongly emphasized the need to develop national frameworks for priority action, and stressed the importance of developing and utilizing national capacities to ensure Education for All.

The real impact of the World Declaration and Framework for Action, and the real success of the World Conference will be measured by the extent to which follow-up actions are implemented, in the spirit of Jomtien, to meet the goals and targets endorsed by the Conference. The reinvigoration of existing institutions and co-operative networks, as well as the development of new modes of co-operation, will be essential. The role of UN organizations becomes more important, as does the need to measure progress in social impact and human development terms, especially in a continuing context of financial constraints, debt and structural adjustment.

The World Conference reaffirmed the concept of basic education as an essential foundation on which to build, <u>not</u> a ceiling, which will vary from country to country, and over time.

The success of the World Conference will also depend on the extent to which public opinion, governments and the governing organs of UN organizations - can be mobilized to commit additional resources to

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basic education. New initiatives like the UN Convention on the Rights of the Child can also be utilized to bring the force of law to bear on education for all children.

6. Recommendations of the Committee

Drawing conclusions from the two days' deliberations, the Committee adopted the following series of Recommendations to be placed before the respective Executive Boards of the two Agencies:

RECOMMENDATIONS OF THE
UNESCO-UNICEF JOINT COMMITTEE ON EDUCATION

First meeting, UNESCO Headquarters,
28-29 March 1990

The Joint Committee on Education

A. Welcomes the spirit of co-operation characteristic of this first meeting and recommends that similar initiatives be taken aimed at enhancing the co-operation and coordination between all UN Agencies.

B. Notes with satisfaction that the renewed cooperation between UNICEF and UNESCO comes at a time when the World Conference on Education for All, held in Jomtien (5-9 March 1990), calls for concerted efforts to meet the challenge of Education for All by the year 2000.

In order to promote further and support the national, regional and international efforts to reach this goal the Joint Committee on Education recommends that the Executive Boards of UNESCO and UNICEF:

1. Endorse the World Declaration on Education for All and the Framework for Action to Meet Basic Learning Needs adopted by the World Conference on Education for All;

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2. Recommend for endorsement to the forthcoming World Summit for Children the World Declaration on Education for All, the Framework for Action to Meet Basic Learning Needs, relating these initiatives to the UN Convention on the Rights of the Child, and to the International Development Strategy for the 4th UN Development Decade;

3. Recommend for endorsement to the forthcoming International Conference on Education the World Declaration on Education for All and the Framework for Action to Meet Basic Learning Needs;

4. Endorse the development of the strategy of using "universal access to and achievement of primary education by the year 2000" as the cutting edge of Education for All;

5. Endorse the statement on Follow-up adopted at the Closing Session of the World Conference on Education for All;

6. Welcome the fact that UNESCO, in line with its mandate, will provide services to facilitate the Follow-up;

7. Encourage the development of strategies at national level aimed at meeting the basic learning needs of youth and adults as well as children, recognizing the importance of achieving equality through significantly reducing adult illiteracy rates, particularly those of women, as well as the poor and the disadvantaged groups, and of providing opportunities for all to acquire essential knowledge and life skills (eg. environmental and scientific literacy, Facts for Life, family life education, social education).

8. Encourage the organizations to identify and make maximum use of existing mechanisms at all levels to pool and share information on learning needs, to take stock of innovative activities aimed at meeting basic learning needs and at assessing learning achievement, monitoring progress towards the goal of EFA, and to disseminate information on relevant experiences;

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9. Note the increasing importance of both traditional and mass means of communication -- the "third channel" -- for conveying useful information and in providing basic education for all.

10. Emphasize that learning needs must be defined and priorities decided by way of a participatory process, and that the policy implemented must utilize and develop locally available resource persons and learning opportunities. Initiatives must be sensitive to socio-economic and environmental conditions and the cultural context, particularly at community level;

11. Request the respective Secretariats to continue the cooperation between UNESCO and UNICEF in analyzing the social impact of structural adjustment, emphasizing the moral obligation of these organizations to assist States in defending the rights of all people to basic education and human dignity;

12. Emphasize that additional resources will be required to ensure universal access to and achievement of basic education for all by the year 2000, which necessitate reallocation and mobilization of resources at international, national and community levels;

13. Recommend that the organizations allocate increased resources to provide seed funds for innovative activities in formal and non-formal education to meet the basic learning needs of those now underserved by established systems of education, and particularly to overcome the male/female disparities in educational opportunities;

14. Request the Secretariats of UNESCO and UNICEF to jointly prepare an assessment of further opportunities for cooperation in basic education in their respective programmes at national, regional and international levels, and to take action to strengthen modes of cooperation, reporting thereon to their respective Boards and the JCE;

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15. Further encourage that UNICEF and UNESCO support systems at national and regional levels (Representatives, Commissions, Committees) jointly and actively promote Education for All;

16. Call upon the Agency Heads and the respective Secretariats to continue cooperation with other agencies and other partners in the spirit of Jomtien.

7. Next Meeting

To maintain the current momentum in UNESCO/UNICEF co-operation, particulary as regards the follow-up to the World Conference, it was agreed that the second meeting should be convened in the latter part of 1990, at a date and venue to be decided upon in due course.

8. Closure

The chairperson closed the meeting at 315 p.m., 29 March 1990.

Chairman of the First Meeting
of the UNESCO/UNICEF Joint Committee on Education

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ANNEX I

TERMS OF REFERENCE OF THE UNESCO/UNICEF

JOINT COMMITTEE ON EDUCATION

1. The main purpose of the Committee is to facilitate a high-level exchange of views on strategies, approaches and new challenges in education and related areas of mutual interest to the two organizations and to expand the co-operation between UNESCO and UNICEF. The Committee will review situation assessments and progress reports presented by both organizations.

2. The Committee, which will have no decision-making capacity, will consider matters of mutual interest to UNESCO and UNICEF and can make subsequent recommendations, as appropriate, to the respective Executive Boards for consideration and possible action. Such recommendations will relate to fields of action common to the two organizations and will draw the attention of the two Executive Boards to new challenges and important trends in those areas.

3. The Committee will hold a regular meeting every two years and may hold special meetings at intervals in between as required. The regular meetings will be scheduled in even years, with the first to be held in early 1990. The meetings will be planned and organized by UNESCO and UNICEF secretariat staff members.

4. The Committee will comprise six members each of the Executive Boards of UNESCO and UNICEF, who will be designated by their respective Executive Boards.

ANNEX II

LIST OF DOCUMENTS PLACED BEFORE
THE FIRST MEETING OF THE JCE

Working Documents	Document Number
1. Draft Programme of Work	JCE/1
2. Title and Terms of Reference of the Joint Committee	JCE/2
3. A Profile of UNICEF Co-operation in Education (by UNICEF Secretariat)	JCE/3
4. Main Outcomes of the World Conference on Education for All: Meeting Basic Learning Needs (by UNESCO Secretariat)	JCE/4
5. World Conference on Education for All: Meeting Basic Learning Needs (by UNICEF Secretariat)	JCE/5
Information Documents	
6. Recommendation approved by the Executive Board of UNICEF at its 1989 session concerning the Establishment with UNESCO of a Joint Committee on Education Policy	JCE/INF.1
7. Decision adopted by the Executive Board of UNESCO at its 131st and 133rd sessions concerning the establishment of a Joint UNESCO/UNICEF Committee to make Recommendations on Education, and the Appointment of Committee Members	JCE.INF/2
8. Provisional List of Participants	JCE/INF.3
9. Provisional List of Documents	JCE/INF.4
Other Relevant Documents	
10. Documents adopted by the World Conference on Education for All (Jomtien, Thailand, 5-9 March 1990)	
11. UNESCO: Third Medium-Term Plan (1990-1993)	
12. UNESCO: Approved Programme and Budget for 1990-1991/ Major Programme Area I "Education and the Future" and Mobilizing Project on 'Combating Illiteracy'.	
13. UNESCO: Worldwide Action in Education	

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ANNEX III

LIST OF PARTICIPANTS

COMMITTEE MEMBERS AND ALTERNATES

UNICEF

Mrs. Margarita Dieguez (Mexico)
Mr. Frank Majoor (Netherlands)
Mrs. Yvette Le Quellec (France)
Mr. Gabriel Fernandez (Liberia)
Mrs. Theresa C. Garuba (Nigeria)*
Mr. Stanislaw Trepczynski (Poland)

UNESCO

Mr. Ould Deida (Mauritania)**
Mrs. Ingrid Eide (Norway)
Mr. Punisa A. Pavlovic (Yugoslavia)
Mr. Adul Wichiencharoen (Thailand)
Mr. Asavia Wandira (Uganda)
Mr. Andre Kramp (Suriname)***

UNICEF SECRETARIAT

Mr. James P. Grant, Executive Director
Mr. Richard Jolly
Dr. Nyi Nyi
Mr. John Williams
Mr. Nigel Fisher
Mr. Aklilu Habte
Mr. Rudolf Hoffmann

UNESCO SECRETARIAT

Mr. Federico Mayor, Director-General
Mr. Colin N. Power
Mr. Akihiro Chiba
Mr. Pio Rodriguez
Mrs. S. Solomon
Mr. Dieter Berstecher
Mr. Gabriel Carron
Mr. Alphonse Tay

UNESCO EXECUTIVE BOARD

Mr. Yahya Aliyu (Nigeria)
Chairman of the Executive Board

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* Alternate members
** Deputy to Mr. Mohamed Ould Weddady (Mauritania)
*** Deputy to Mr. Runaldo Ronald Venetiaan (Suriname)

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ANNEX IV

PROGRAMME OF WORK

Wednesday, 28 March 1990

09.30-12.30 hours/First Session

1. Opening statement by Mr. F. Mayor, Director-General of UNESCO and Mr. J. P. Grant, Executive Director of UNICEF

2. Election of Chairperson and 2 Rapporteurs

3. Adoption of draft programme of work

4. Title and terms of reference of the Joint Committee

5. Exchange of information on the 2 Organizations and their work and co-operation in education.

14.30-17.30 hours/Second Session

6. Report on the World Conference on Education for All (Jomtien, Thailand, 5-9 March 1990)

7. Discussion of World Conference follow-up and identification of areas for priority attention.

Thursday, 29 March 1990

10.00-13.00 hours/Third Session

8. Identification of possible actions by the two Organizations, jointly and separately

9. Adoption of recommendations

10. Date/venue of next meeting

11. Any other business

12. Closing statements

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FOR ACTION

UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION/UNITED NATIONS CHILDREN'S FUND JOINT COMMITTEE ON EDUCATION

Note by the Executive Director

SUMMARY

The first meeting of the United Nations Educational, Scientific and Cultural Organization (UNESCO)/UNICEF Joint Committee on Education was held in Paris on 28 and 29 March 1990, and the report of the meeting is being submitted to the Executive Board in document E/ICEF/1990/L.11. The meeting clarified the terms of reference of the Joint Committee and reviewed the programmes of co-operation in education of the two organizations, while noting their close working relationship. The meeting also considered the results of the World Conference on Education for All held at Jomtien, Thailand from 5 to 9 March 1990, which was assessed as a milestone in efforts to secure basic education for all. It further deliberated on the follow-up actions required and proposed recommendations for Executive Board approval.

1. The first meeting of the UNESCO/UNICEF Joint Committee on Education (JCE) was held at UNESCO headquarters in Paris on 28 and 29 March 1990. The report of the meeting is being submitted to the Executive Board in document E/ICEF/1990/L.11. The UNICEF Executive Board was represented by the Chairman of the Board, Ms. Margarita Dieguez (Mexico); the Chairman of the Programme Committee, Mr. Frank Majoor (Netherlands); Mrs. Yvette Le Quellac (France); Mr. Gabriel Fernandez (Liberia); Ms. Theresa C. Garuba (Nigeria); and Mr. Stanislaw Trepczynski (Poland). The UNICEF Executive Director and several members of the secretariat also participated.

2. Mr. Asavia Wandira (Uganda), a member of the UNESCO Executive Board, was elected Chairman of the Joint Committee, and Ms. Ingrid Eide (Norway), a member of the UNESCO Executive Board, and Mr. Gabriel Fernandez (Liberia), a member of the UNICEF Executive Board, were elected as Rapporteurs.

3. The introductory addresses of both the Director-General of UNESCO and the Executive Director of UNICEF noted the cordial and close working relationship between the two organizations and stressed the significance and potential that had been opened up by the World Conference on Education for All, recently held at Jomtien, Thailand, from 5 to 9 March 1990.

4. The meeting first addressed the title and terms of reference of the Joint Committee as submitted to the UNICEF Executive Board at its organizational session held on 18 December 1989 (see E/ICEF/1989/INF/3). The Joint Committee approved the terms of reference, with minor editorial changes for clarification. The terms of reference, as approved, are provided in annex I to the report of the JCE meeting (E/ICEF/1990/L.11).

5. The Joint Committee also noted with satisfaction the cordial and close working relationship between the two organizations and explored in depth the avenues opened for further co-operation. The Joint Committee reviewed the results of the World Conference, regarding it as a milestone in the development of basic education for all. It encouraged the two organizations to seize the opportunities now being opened up by the World Conference and to take collaborative action in the context of the Declaration of the World Conference and the Framework for Action.

6. In its resolution, the Joint Committee on Education:

(a) Welcomed the spirit of co-operation characteristic of the first meeting and recommended that similar initiatives be taken aimed at enhancing co-operation and co-ordination among all United Nations agencies;

(b) Noted with satisfaction that the renewed co-operation between UNICEF and UNESCO came at a time when the World Conference on Education for All called for concerted efforts to meet the challenge of "Education for all by the year 2000".

7. The Joint Committee further approved 16 recommendations (see E/ICEF/1990/L.11) to the executive bodies of UNESCO and UNICEF aimed at further promoting and supporting national, regional and international efforts to reach the goal of "Education for All".

Recommendations

8. The Executive Director concurs with the recommendations of the UNESCO/UNICEF Joint Committee on Education and

(a) Recommends that the Executive Board adopt the recommendations of the Joint Committee on Education as contained in document E/ICEF/1990/L.11;

(b) Further recommends that, as a follow-up measure to recommendation 13 of the Joint Committee on Education, the Executive Board approve the establishment of a basic education reserve to support national, regional and international efforts, especially for innovative initiatives and for support to countries for start-up activities and for actions that were not foreseen in country programmes (see also the recommendation contained in document E/ICEF/1990/P/L.43).

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POLICY REVIEW

SAFE MOTHERHOOD

SUMMARY

The present paper reviews the nature, magnitude, geographical distribution and regional characteristics of maternal mortality. It analyses the major causes of, and current actions to reduce, maternal mortality. The paper also examines the steps to be taken in order to achieve the goal of the safe motherhood initiative, i.e., halving the number of maternal deaths of 1980 by the year 2000, as endorsed by the Executive Board. This policy review outlines the activities UNICEF might support to strengthen the initiative, including the provision of pre-natal care based on a high-risk approach, the provision of adequate delivery and post-natal services, improving overall maternal health and nutrition, improved child spacing and family planning and improvement of the overall status of women (including behavioural changes).

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I. MAGNITUDE OF THE PROBLEM

> "Childbirth is a universally celebrated event, an occasion for dancing, fireworks, flowers or gifts. Yet, for many thousands of women each day, childbirth is experienced not as the joyful event it should be, but as a private hell that may end in death." 1/

1. A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. 2/

2. It is estimated that each year at least half a million women die from causes related to pregnancy and childbirth. 3/ According to World Health Organization (WHO) estimates, the maternal mortality rate (MMR) in the latest year for which data are available varies from virtually zero (Iceland and Luxembourg) to as high as 2,000 or 3,000 per 100,000 live births in some parts of the developing world. 4/ The average MMR in developing countries is about 450 per 100,000 live births, with many countries varying between 500 and 800, while it is below 30 in industrialized countries. 5/

3. Within the developing world, maternal death rates vary widely. Well over one half of the deaths occur in Asia, where each year nearly one third of a million women die. Nearly one quarter of a million deaths occur in South Asia - in India, Bangladesh and Pakistan. The majority of the remaining deaths, some 150,000 a year, occur in Africa.

4. The lowest rates in the developing world are found in East Asia, with China reporting rates of 59 and 25 per 100,000 live births respectively in rural and urban areas of 21 provinces. The rates in Hong Kong and Singapore rival those in industrialized countries. It is estimated that an average woman's lifetime risk of dying from causes related to maternity ranges from 1 in 21 in Africa to 1 in several thousand in Europe. 6/ Current estimates of maternal mortality are given in table 1 below.

Table 1. Estimates of maternal mortality

Region	Live births (in millions)	Maternal mortality rate (per 100,000 live births)	Maternal deaths (in thousands)
Africa	23.4	640	150
Asia	73.9	420	308
Western Asia	4.1	340	14
Southern Asia	35.6	650	230
South-eastern Asia	12.4	420	52
Eastern Asia	21.8	55	12
Latin America	12.6	270	34
Oceania	0.2	-	2
Developing countries	110.1	450	494
Industrialized countries	18.2	30	6
World	128.3	390	500

Source: WHO, 1986.

II. CAUSES OF MATERNAL MORTALITY

5. While ultimately the result of such factors as access to health services, parity and the socio-economic status of women, the direct causes of maternal mortality in developing countries today are the same as they were in industrialized countries 40 years ago: haemorrhage; infection; toxaemia; obstructed labour; and complications following unsafe abortions. 7/ The means exist to overcome those complications: antibiotics for infection; caesarian section for obstructed labour; and blood transfusion and oxytocic drugs for haemorrhage. For millions of women, gaining access to such services remains a challenge.

6. Human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) are more recent contributors to the mortality of women of reproductive age (including, but not confined to the period surrounding pregnancy). In Central African cities, where women are most seriously affected by AIDS, WHO estimates that current HIV infection rates could double by the early 1990s.

7. It is interesting to note that the United States of America had an MMR of 607 per 100,000 live births in 1915, similar to the rate prevailing in sub-Saharan Africa, and that it remained virtually unchanged at 582 in 1935. However, it dropped over the next 20 years to 47 per 100,000 live births by 1955. This reduction was attributed to improved medical care and better application of

existing medical knowledge and technology. While the causes remained unchanged during those 20 years, new tools had been developed. In 1935, the first sulpha drugs were used and their effectiveness in the treatment of puerperal sepsis was demonstrated in 1936. In 1945, penicillin became available to the civilian population and deaths due to septicemia were reduced from 21 per cent of all maternal deaths in 1945 to 6 per cent in 1950.

III. PROGRAMMATIC RESPONSE

8. The principal programmatic responses that are necessary to reduce maternal deaths, in which UNICEF has been involved in varying degrees, may be summarized as follows:

(a) Providing pre-natal care, including the high-risk approach;

(b) Providing adequate delivery and post-natal services, including skilled obstetric care for those with life-threatening complications;

(c) Improving women's health and nutrition;

(d) Improving child spacing and family planning;

(e) Improving the overall status of women, including behavioural changes;

(f) Reducing the transmission of HIV to women.

A. Provision of pre-natal care

9. Wide variations in the proportion of women receiving pre-natal care exist both between and within geographical areas. In Africa, the proportions range from 2 to 99 per cent, in Latin America from 23 to 98 per cent and in Asia from 8 to 98 per cent.

10. Pre-natal care includes the treatment of existing diseases, e.g., anaemia and malaria, nutrition and hygiene education, screening to detect those women who are likely to suffer complications during pregnancy or delivery and their referral to facilities able to deal with such complications. This requires logistics, quality care and an efficient screening and referral process. The management of the risk approach remains a major challenge.

11. WHO estimates that over one half the pregnant women in the developing world today make at least one pre-natal visit to a health facility. However, based only on the age factor, over one third of all pregnancies are high-risk cases, i.e., among women in their teens or over 35 years of age.

12. In industrialized countries, pre-natal care often requires 14 visits and 30 tests. In developing countries, this schedule is probably unrealistic and may need to be reviewed. It has been suggested that five visits (at 12, 20, 30, 34 and 38 weeks of pregnancy) may be most beneficial, or a minimum of two visits (at 24

and 36 weeks). Tests to detect anaemia, toxaemia and feto-pelvic disproportions should be carried out as a minimum. Age, parity, obstetric or medical history and height are also important factors in determining risk. The regimen most appropriate and affordable for pre-natal care must be developed in particular situations.

13. Since modern and rapid means of transportation may not be always available or affordable, women at risk may need to await delivery in maternity waiting-homes close to the referral centres. The risk approach to safe delivery requires communities to be mobilized to assure the means of transportation and/or to construct maternity waiting-homes for pregnant women.

B. Provision of adequate delivery and post-natal services

14. Table 2 below gives estimates of the coverage of maternity care in the various regions of the world. These estimates show that only some 58 per cent of the births in the world are attended by trained personnel, while even fewer take place in a health institution. Some 56 million of 133 million children born in 1985 were delivered with the help of untrained traditional birth attendants (TBAs), family members or by their mother alone. In contrast, in industrialized countries, nearly all births were attended by trained personnel.

Table 2. Coverage of maternity care (around 1985)

Region/area	Number of births (in thousands)	Percentage with trained attendants
World	133 112	58
Industrialized countries	17 473	99
Developing countries	115 638	52
Africa	25 287	38
Asia a/	78 046	49
Southern Asia	38 994	25
Western Asia	4 105	63
South-eastern Asia	12 329	45
Eastern Asia	22 617	94
Latin America	12 092	86
Oceania a/	207	42

Source: United Nations.

a/ Japan, Australia and New Zealand are included in the total for industrialized countries. No data are available for the Union of Soviet Socialist Republics.

15. Deliveries attended by trained personnel are very low in some regions, e.g., 38 per cent in Africa and 25 per cent in Southern Asia. TBAs continue to constitute the majority of delivery personnel. Although their performance continues to improve, evaluations have also shown that TBA training needs follow-up, close supervision, support and regular refresher courses. The need for remuneration or stipends during training, the length and content of training courses, the replenishment of maternity kits and the respect of other health professionals are often cited as issues affecting the performance of TBAs.

16. Many countries, especially in Eastern, South-eastern and Western Asia, as well as in Latin America, have now upgraded their delivery services by training auxiliary midwives who have higher basic qualifications. Remarkable progress has been made in China in significantly reducing both maternal and infant mortality since the 1950s through the introduction of the principles of the "three cleans": a clean surface on which delivery can take place; clean hands of the birth attendant; and clean cutting of the umbilical cord. In China, 98 per cent of the deliveries are now performed by trained personnel.

17. In some countries, TBAs are now trained to prevent some obstetric complications and to manage less severe cases. Their preparation includes the practice of aseptic procedures; the avoidance of harmful drugs or interventions; the ability to recognize early signs of sepsis, obstructed labour or other life-threatening complications; and instructions, based on a check-list, for prescribing intravenous antibiotics, when necessary, or iron supplements and anti-malarials to prevent anaemia that is often the cause of death from haemorrhages.

18. Since obstetric complications are not always preventable or predictable, there will always be women whose lives are threatened by complications during delivery. Skilled care is required for such women (Caesarean delivery, blood transfusion, etc.). Therefore, it is essential that delivery care at the primary level be reinforced by accessible, essential obstetric services and that transportation to such referral centres be readily available.

C. Improvement of overall maternal health and nutrition

19. Most women who give birth in developing countries are in poor health. Nutritional anaemia is widespread among women of child-bearing age, and the regular loss of menstrual blood constitutes a continuing drain of nutrients even when they are not pregnant. Pregnancy increases the woman's nutritional requirements to meet the needs of the growing foetus. Although women have higher iron requirements than men, in many societies women's diets are frequently more deficient than those of men. When this inherent vulnerability is combined with other stress factors such as poverty, poor environmental sanitation and the lack of health care (especially pre-natal care), the situation of millions of women becomes precarious.

20. Severe anaemia in pregnancy contributes significantly to maternal morbidity and mortality, and haemorrhage in anaemic women constitutes a severe risk. In rural India in 1981, anaemia was identified as the second most important cause of

maternal mortality. Haemorrhage was identified as the most important cause, and together, these two factors accounted for 41 per cent of maternal deaths. 8/

21. On the basis of a review of all information available in 1979, it was estimated that in 1975, 9/ there were some 230 million anaemic women in the world (i.e., about two thirds of the pregnant women and about one half of all other women living in developing countries). A second review carried out in 1984 found very little evidence of improvement world wide and the changes were not significant enough to affect global and regional estimates. 10/

22. The high prevalence of anaemia among women in developing countries is particularly serious in view of their heavy work-load. Anaemia has a profound effect on women's psychological and physical health. It lowers their resistance to fatigue and diseases and reduces their level of energy, thus adding to their burden in stressful situations.

23. In many areas of the developing world, especially in Africa, malaria is a major factor contributing to anaemia among women, often leading to miscarriages. Malaria during pregnancy, especially among primigravida (women pregnant for the first time), greatly increases the risk of cerebral malaria and death.

24. Other major health problems with grave consequences for women and children are sexually transmitted diseases. These diseases can cause pelvic inflammatory disease, spontaneous abortion, puerperal infection, ectopic pregnancy, infertility and cervical cancer. They also lead to late foetal or neonatal deaths, low birth weight, congenital abnormalities, blindness, pneumonia and retardation. The latest addition to this list has been AIDS, especially in parts of Africa and the Caribbean, with its tragic impact on children and mothers.

D. Improved child spacing and family planning

25. A major health hazard for both children and mothers are pregnancies that are too early, too late, too many or too frequent. A survey carried out in Bangladesh 11/ showed that MMR among girls aged 10 to 14 years was five times higher than the rate among women aged 20 to 24 years. For women 15 to 19 years old, MMR was twice as high. The risk of maternal mortality also begins to rise after the age of 30 or 35 years. Even in the United States, women 40 to 44 years old have an MMR nearly 10 times as high as women 24 to 25 years old. 12/ In Zaria, Nigeria, the risk for women 30 years old was already two and one half times that for women 20 to 24 years old. 13/

26. In the beginning of the 1960s, only a few countries had family planning programmes. Now, over 120 Governments support such programmes either directly or indirectly. However, in over 50 countries, with 20 per cent of the world's women, contraceptive prevalence rates - a measure normally used to gauge the effectiveness of family planning programmes - are below 10 per cent. 14/ Yet there are 300 million couples in developing countries who do not want any more children, but who are not taking any effective action to limit family size. 15/ The knowledge that too many pregnancies, too frequently, at too young or too old an age are hazardous for both the mother and the child has not reached enough families to lead

them to practise family planning seriously. There is an urgent need to empower families with the knowledge that birth spacing is essential for their own and their society's well-being. The adoption of family planning will be more successful as infant deaths decline and parents are assured of having more surviving children to care for them in their old age. UNICEF upholds no particular view on the methods of child spacing and family planning that should be adopted since these are issues that are more appropriately decided by individuals and countries.

27. Septic abortions remain a major cause of maternal deaths. Septic abortions occur both in countries where they are legal and in countries where they are illegal. In the former, septic abortions often are the result of women's lack of financial resources or of knowledge as to where such services are available.

28. UNICEF has never provided any form of support for abortion, but programmes may include the promotion of awareness regarding the health risks that often result from illicit abortions.

29. Exclusive breast-feeding has a significant effect on diminishing fertility. WHO studies have demonstrated a clear relationship between the length of time a woman breast-feeds and birth intervals. For population groups with a contraceptive prevalence of less than 10 per cent, there is an almost linear relationship between the proportion of mothers who breast-feed for 18 months and the proportion of birth intervals greater than 2.5 years. 16/

30. Changes in practices that reduce the present high incidence and long duration of breast-feeding, and the high frequency of suckling, may have a substantial effect on fertility. The strength and frequency of suckling play an important role in delaying ovulation and in prolonging lactational amenorrhoea, but in many developing countries, breast-feeding is in jeopardy.

31. As developing countries urbanize, there has been an overall decline in the incidence and duration of breast-feeding, while in many industrialized countries, breast-feeding has increased over the last 15 to 20 years, particularly among women who have a university-level education. The early introduction of complementary foods (i.e., before four to six months of age) will also contribute to a decline in the contraceptive effect of breast-feeding. The promotion of breast-feeding will remain an important part of UNICEF advocacy and programmes of co-operation in the 1990s.

E. Improvement of the overall status of women

32. The status of women in society is a significant reflection of the level of social justice in a society and involves a complex set of interrelated factors. Women's status is often described in terms of their level of income, employment, education, health, fertility and the roles they play within the family, the community and society. Their status also depends on society's perception and value of those roles. What women do not only affects their health, but is also affected by it. 17/ The biological and social realities of their maternal role are closely linked to health status and are major factors in the problems women face in health, employment, education and many other areas.

33. Discriminatory treatment in childhood can have a long-term negative impact on women's health. Many cultures prefer boys, and girls are seen as a burden. Girls often have to be provided with a costly dowry, and their economic productivity will benefit their husband's family rather than their own. Girls may get less food, be sicker before they are taken for treatment and receive less preventive health care. Evidence of such discriminatory practices include girls' poorer nutritional status, lower rates of immunization, higher case fatality when they are brought to the hospital and higher mortality overall. 18/

34. The level of women's education has dramatic effects on their health and is probably the most important determinant of the health of their families. Women who have attended school are more likely to reject harmful traditional practices, to adopt healthy eating habits, to see the need for family planning, immunization and pre-natal care and to use available health services. Women with more schooling tend to marry later and to delay pregnancy and child-bearing, and they are more likely to practise family planning. Generally they have fewer children at wider-spaced intervals. Women with no schooling have almost twice as many children, on average, as those who have attended school for seven or more years.

35. Education enhances the social status and self-image of women. It makes them more receptive to change and to new ideas, and it increases the likelihood that they will seek professional health care during pregnancy. In short, education can be regarded as medication against fatalism.

36. In many societies women continue to be the hardest-working member of the household. Their work day may stretch to 16 or 18 hours as they till the land, grow food, fetch fuel wood and water, care for children and family and prepare food. On the other hand, they are expected to consume less food because of the perception that they are not the main income earner, although their nutrient needs are greater, especially during pregnancy and lactation. Women's normal need for iron is three times greater than that of men. Infection and parasitic diseases rob women of this valuable nutrient and make them more vulnerable to haemorrhage and its complications.

37. A woman's status in many societies is measured by her fertility: the larger the family, the higher her social status. Many societies continue to encourage early marriage and the bearing of many children. These and other factors contribute to the physiological and psychological stresses that women undergo, and they are contributing factors to avoidable and untimely deaths.

IV. UNICEF ACTIONS

38. Since the 1950s and 1960s, UNICEF has been involved in almost all of the programmatic actions described above. UNICEF has always been the principal supporter of TBA training world wide. The organization remains a major supporter of programmes for improving maternal health and nutrition, as well as pre-natal and post-natal care within the context of maternal and child health (MCH) services. UNICEF and WHO have been partners in protecting, promoting and supporting breast-feeding. Recently, the two organizations published guidelines for promoting

breast-feeding in maternity facilities entitled "Protecting, promoting and supporting breast-feeding: the special role of maternity services". UNICEF is working for the revival of breast-feeding with WHO, the United States Agency for International Development (USAID), the Swedish International Development Authority (SIDA) and others.

39. Enhancing the role and status of women has been a major goal of UNICEF support and involvement since the 1970s. This was so in the basic services strategy, and the organizations' commitment received renewed emphasis in the 1980s with the adoption of the Executive Board policy and operational strategy for women and development. Female education and female literacy have been principal thrusts in education programmes. Birth spacing has been an element of the GOBI-FFF strategy: growth monitoring; oral rehydration therapy; breast-feeding; immunization; food supplementation; birth spacing; and female education. Family spacing is one of the principal messages in Facts for Life, a new joint publication and initiative of WHO, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNICEF.

40. During 1977-1986, some 250,000 persons were trained as TBAs at a cost of $14 million. This represents an average cost of about $60 per TBA, or a fraction of the training cost of either a physician or a paramedical. In 1986, a comprehensive evaluative review of training programmes for TBAs was made covering 73 countries. 19/ It examined the trainers, trainees, contents of training, duration of training, location and size of each class, mode of training, materials used, refresher courses, the role of incentives and the follow-up measures undertaken. While the overall performance and effectiveness of each activity varied from country to country, a common weakness was found to be the lack of follow-up, e.g. refresher courses, poor supervision and guidance and little support from other health care providers. There was consensus that TBAs needed to be continually supervised, guided and supported if they were to be effective and for their training to be a valuable investment. UNICEF has provided maternity kits to all those who were trained (TBAs, midwives and auxiliary midwives). These activities are carried out in the broad context of MCH and include other pre-natal and post-natal activities.

41. UNICEF support has also been directed at activities to combat specific nutrient deficiencies such as iron, vitamin A and iodine, in order to improve maternal health and nutrition. UNICEF has been a major supplier of iron and folate, vitamin A and iodized oil for girls and pregnant women. During the last four years, UNICEF has supplied 271.6 million iron tablets, 1,656.2 million iron and folate tablets and 67.6 million folic acid tablets. UNICEF is also closely involved in promoting tetanus toxoid immunization, which has now reached 30 per cent in global coverage.

42. UNICEF activities have focused on ensuring child survival. The improved prospects for child survival predisposes parents to accept having smaller families and to take steps to space births. Through advocacy and social mobilization, UNICEF has placed emphasis on spreading the knowledge that having too many children, too early, too late or too often is detrimental to the health of both women and children. This knowledge still needs to reach the majority of people in many countries. In co-operation with WHO, USAID, SIDA and others, UNICEF is also

involved in activities to promote sustained breast-feeding, which has been shown to suppress fertility.

43. UNICEF has been one of the pioneers in promoting women's interests in programmes of co-operation, which began in the 1960s and became a part of the basic services strategy in 1975. It received renewed emphasis in the 1980s. Some country programmes (e.g., Peru) revolve around the needs of women, and in almost all country programmes women's needs are given priority. UNICEF has been a principal partner of Governments and non-governmental organizations (NGOs) in Southern Asia, the Middle East and North African regions in efforts to focus on the problems of female children.

44. WHO and the United Nations Population Fund (UNFPA) are the principal partners of UNICEF for activities under the Safe Motherhood Initiative. UNICEF participated in the Safe Motherhood Conference held at Nairobi in February 1987, sponsored by WHO, the World Bank, the United Nations Development Programme (UNDP) and UNFPA. UNICEF, WHO, UNDP, UNFPA, the World Bank, the Population Council and the International Planned Parenthood Federation were joint sponsors of the international meeting on "Better health for women and children through family planning", held in October 1987, also at Nairobi. The following joint statements were also issued recently: "Maternal care for the reduction of perinatal and neonatal mortality" with WHO in 1986; "The reproductive health of adolescents" with WHO and UNFPA in 1989; and "Protecting, promoting and supporting breast-feeding: the special role of maternity services" with WHO in 1989.

V. FURTHER ACTIONS

45. UNICEF is also an active partner in the WHO Task Force on Appropriate Perinatal and MCH Technology. This includes joint working groups on weighing scales, delivery kits, diagnosis of anaemia, etc. UNICEF has been the principal supporter in developing electronic weighing scales, which are now being field-tested in collaboration with WHO.

46. At the field level, UNICEF works closely with WHO, UNFPA, the World Bank and bilateral agencies on the reduction of maternal mortality and the Safe Motherhood Initiative. An interesting example may be cited from Bangladesh, where an inter-agency collaborative effort progressed rapidly. That initiative involved the Ministry of Health and the Family Planning Advisory Committee on Maternal and Child Health, WHO, UNFPA, the World Bank, the Norwegian Agency for International Development and UNICEF. The various groups collaborated in supporting a situation analysis and programme development strategy for maternal health and new-born care. The national workshop at which the plan was developed was sponsored by the Government, WHO and UNICEF. The activities that emerged from this process have received maximum support from all partners and have became a focus for intense country-level co-operation.

47. In order to contribute to the 50 per cent reduction in the maternal mortality of 1980 by the year 2000 20/ within the context of the Safe Motherhood Initiative, it is suggested that UNICEF should support the following activities, working in

close co-operation with the concerned Governments, WHO, UNFPA, UNDP, the World Bank and other interested agencies, national institutions and NGOs:

(a) Advocacy and social mobilization:

(i) Advocacy in countries for a broad-based approach to the problem, including the generation of political will and popular support for saving the lives of mothers and mothers-to-be;

(ii) Promotion of national action to ensure that girls and women have access to information, education and technical services pertaining to safe motherhood;

(b) Provision of pre-natal care:

(i) Support for improved pre-natal services to treat existing diseases (e.g., anaemia and malaria), provide health education (e.g., nutrition and hygiene) and screen women to detect high-risk cases and their referral;

(ii) National programmes for tetanus toxoid immunization of pregnant women (where possible, all women of child-bearing age) within the framework of the expanded programme on immunization;

(iii) Going to scale with the home-based maternal record, including tetanus toxoid immunization and monitoring weight gain during pregnancy;

(iv) Support for local production and distribution of primary health care (PHC) technologies for pre-natal care (e.g., tapes to test for urinary protein as an indicator of the hypertensive diseases of pregnancy);

(v) Reliable community-based transportation to transfer risk cases to first-level referral centres;

(vi) Community participation to build finance and operate maternity waiting homes;

(c) Provision of adequate delivery and post-natal services:

(i) Improved TBA training and follow-up to increase available assistance for clean and safe delivery;

(ii) Training of PHC workers and midwifery personnel in the principles of safe motherhood, including supervision and support to TBAs;

(iii) Strengthening the capacity and improving the functioning of maternal centres and hospitals at the first referral level to deal with complicated cases, obstetric emergencies and transportation for women who require such services;

(iv) Production, distribution and evaluation of the use of kits for delivery and clean-cord procedures (operational research);

(d) Improvement of overall maternal health and nutrition:

(i) Community-based approaches to improve the health and social status of women, focusing particularly on women's and girls' nutrition and anaemia, child spacing, reducing women's work-load and preventing prevalent local health problems (e.g., malaria prophylaxis for pregnant women);

(ii) Provision of iron and folate, vitamin A and iodine supplements where required;

(e) Improved child spacing and family planning:

(i) Ensuring child survival to allow parents to accept the possibility of having smaller families which, in turn, will lead to reduced infant, child and maternal deaths;

(ii) Strong social mobilization measures to increase awareness of the dangers of pregnancies that are too early, too late, too frequent or too many and to encourage preventive action;

(iii) Access to information, education and health services to support child spacing/family planning;

(f) Improvement of the overall status of women:

(i) Broad support for activities to improve the status of women by ensuring that women benefit directly from all UNICEF programmes of co-operation;

(ii) Development of specific programmes to improve women's access to literacy and education, their health and nutrition status, a reduction of their work-load and an improvement in their income-earning capacity.

VI. RECOMMENDATION

48. The Executive Director recommends that the Executive Board endorse the concept of safe motherhood as a means of achieving the goal of halving maternal deaths of 1980 by the year 2000, and the operational activities outlined in paragraph 47 of the present document, including co-operation with WHO, UNFPA, UNDP, the World Bank and other agencies and organizations, in support of national, regional and global efforts.

Notes

1/ Royston, E. and Armstrong, S. "Preventing Maternal Deaths", WHO, 1989; World Health Organization. "Progress Report of the WHO Programme on Maternal Health and Safe Motherhood", submitted to the Second Meeting of Interested Parties of the Safe Motherhood Initiative, Geneva, June 1989. World Health Organization. "An Overview of the Health of Women: a background paper for the Second Meeting of Interested Parties of the Safe Motherhood Initiative", Geneva, June 1989.

Notes (continued)

2/ WHO. "International Classification of Diseases (ICD-9)", Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death. Ninth revision. Geneva, 1977.

3/ WHO. "An Overview of the Health of Women", a background paper for the Second Meeting of Interested Parties of the Safe Motherhood Initiative, June 1989. 25 pp.

4/ WHO. "Maternal Mortality Rates", a tabulation of available information (unpublished extract from data base). June 1989.

5/ Royston, E. and Lopez, A. D. "On the assessment of maternal mortality", World Health Statistics Quarterly, 40:214-224, 1987.

6/ Royston, E. and Armstrong, S. "Preventing Maternal Deaths". WHO, Geneva, 1989.

7/ Royston, E. and Lopez, A. D. "On the assessment of maternal mortality", World Health Statistics Quarterly, 40:214-224, 1987.

8/ Registrar General, India, 1981, quoted in Bhasker Rao, A. "Maternal mortality in India, a Review". Paper presented to the Interregional Meeting on the Prevention of Maternal Mortality, Geneva, 11-15 November 1985. WHO document No. FHE/PMM/85.9.4 (1985).

9/ Royston, E. "The prevalence of nutritional anemia in women in developing countries: A critical review of available information". World Health Statistics Quarterly, 35:52-91, 1982.

10/ DeMaeyer, E. and Adiels-Tegman, M. "The prevalence of anaemia in the world". World Health Statistics Quarterly, 38:302-316 (1985).

11/ Chen, L. C. et al. "Maternal mortality in rural Bangladesh. Studies in Family Planning", 5 (11):334-341 (1974).

12/ Richards, M. P. M. "Effectiveness and satisfaction in antenatal care" (occasional review). Early Human Development, 8:93-96 (1983).

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14/ United Nations. "Recent levels and trends of contraceptive use as assessed in 1983". New York, 1984.

15/ Grant, J. P. State of the World's Children report. UNICEF, New York, 1989.

Notes (continued)

16/ WHO. "Contemporary Patterns of Breast-feeding". Report on a WHO collaborative study on breast-feeding. Geneva, 1981.

17/ WHO. "Women, health and development". Offset publication No. 90. Geneva, 1985.

18/ WHO. "An Overview of the Health of Women", a background paper for the Second Meeting of Interested Parties of the Safe Motherhood Initiative, June 1989. 25 pp.

19/ Hong, S. "Review of training programmes for traditional birth attendants in selected countries". UNICEF, New York, 1987.

20/ The goal of reducing MMR by half by the year 2000 is based on 1980 as the baseline year. The "Medium-term plan for the period 1990-1993" (E/ICEF/1990/3) and "Development goals and strategies for children: priorities for UNICEF action in the 1990s" (E/ICEF/1990/L.5) express this same goal as reduction of MMR by one-third using 1990 as the baseline year. Either of those goals would produce approximately the same end result in terms of the number of maternal deaths prevented annually by the year 2000. Countries may adopt either of the goals depending on the degree of reliability of MMR estimates for the two baseline years.

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FOR INFORMATION

WORLD CONFERENCE ON EDUCATION FOR ALL: MEETING BASIC LEARNING NEEDS

SUMMARY

In an effort to arrest the decline and stagnation in education, the United Nations Educational, Scientific and Cultural Organization, the United Nations Development Programme, the World Bank and UNICEF, together with 18 co-sponsors and associate sponsors, convened the World Conference on Education for All: Meeting Basic Learning Needs in Jomtien, Thailand, from 5 to 9 March 1990. The Conference was attended by 1,425 delegates and observers from 156 countries, 140 non-governmental organizations, 31 intergovernmental organizations and 22 sponsors, co-sponsors and associate sponsors. It adopted a "World Declaration on Education for All: Meeting Basic Learning Needs" and a "Framework for Action to Meet Basic Learning Needs". It is likely that the Conference will be remembered as a watershed in the history of basic education for all. Some of the significant features that emerged from the Conference include the acceptance of the broad concept of basic education; legitimation of the "third channel", i.e. traditional and mass communication; adoption of learning achievement as the new criterion of assessment; the need to reduce disparity between the education of girls and boys, as well as the need to focus on the special needs of disadvantaged groups; and the adoption of the goal of universal access and achievement of primary education (or whatever higher level of education is considered "basic" in each country) by the year 2000. UNICEF will work closely with other concerned agencies and Governments to achieve the goal using primary education as the cutting edge, or appropriate entry point.

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Introduction

1. Education is a fundamental right of all people, and it is essential for development. Without education, development cannot be achieved and its achievements to date cannot be sustained. Yet today more than 100 million children, including at least 60 million girls, have no access to primary education. Over 960 million adults, two thirds of whom are women, are illiterate, while functional illiteracy is a significant problem in both industrialized and developing countries.

2. At the same time, the world faces daunting problems, including mounting debt burdens, widening economic disparities both between and within nations, war, occupation, civil strife, violent crime, the preventable deaths of millions of children and widespread environmental degradation. One of the results of the economic recession of the 1980s and the external debt burden of many developing countries has been decline and stagnation in education, especially basic education, in many countries, particularly in sub-Saharan Africa and Latin America.

3. In order to halt this trend and to revive a global commitment to provide basic education for all, the four United Nations agencies most concerned with education (UNICEF, the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Bank), in addition to 18 co-sponsors and associate sponsors, convened the World Conference on Education for All: Meeting Basic Learning Needs in Jomtien, Thailand, from 5 to 9 March 1990.

4. The Conference had three principal objectives:

(a) To highlight the importance and impact of basic education and to make a renewed commitment to making it available to all people;

(b) To forge a global consensus for a framework for action to meet the basic learning needs of children, youth and adults;

(c) To provide a forum for sharing experiences and research results to invigorate ongoing and future programmes.

Organization of the Conference

5. Special acknowledgement is due to the Royal Government of Thailand, which, as the host country, provided conference facilities, thus enabling the smooth running of the Conference.

6. The Conference was inaugurated by H.R.H. Princess Maha Chakri Sirindhorn on behalf of His Majesty the King of Thailand. Participants included 1,425 delegates and observers from 156 countries (including four Presidents, three Vice-Presidents and Deputy Prime Ministers, 98 Ministers of Education and 18 other Ministers), 140 non-governmental organizations (NGOs) and 31 intergovernmental organizations,

in addition to representatives from foundations, institutions, sponsors, co-sponsors and associate sponsors.

7. There were nine co-sponsors of the Conference: the Governments of Denmark, Finland, Japan and Sweden; the Asian Development Bank; the Islamic Educational, Scientific and Cultural Organization; the Ministry of Development Co-operation of Norway; the United Nations Population Fund; and the United States Agency for International Development. The eight associate sponsors were the Governments of Australia, Italy and Switzerland; the Canadian International Development Agency; the Economic and Social Commission for Asia and the Pacific; the International Development Research Centre; the Bernard Van Leer Foundation; and the World Health Organization. The Inter-American Development Bank served as the joint organizer of regional activities in Latin America and the Caribbean.

8. UNICEF participated in all Conference activities, from its conceptualization and preparation, to the final adoption of its Declaration and Framework for Action. UNICEF representatives served on the Heads of Agencies, Executive and Steering Committees, and the organization also provided two Deputy Executive Secretaries and their support staff, as well as premises for the Inter-Agency Commission secretariat. UNICEF served as the focal agency for preparatory activities at the country level and also made it possible for several least developed and low-income countries to send delegations to the Conference.

9. The Conference was preceded by nine regional consultations: in Europe (Strasbourg, France); North America (Boston, Massachusetts); the Middle East and North Africa (Amman, Jordan); Eastern and Southern Africa (Nairobi, Kenya); the Caribbean (Kingston, Jamaica); West and Central Africa (Dakar, Senegal); Latin America (Quito, Ecuador); South Asia (Dhaka, Bangladesh); and East Asia and the Pacific (Jakarta, Indonesia). The consultations aimed to build consensus on the status and region-specific issues of basic education and to provide suggestions for revisions of the draft Declaration and Framework for Action.

10. The work of the Conference was organized into plenary sessions, supplemented by 70 exhibits and 48 thematic and illustrative round tables that presented the experiences and plans of particular countries and organizations.

11. The Bureau consisted of a President, 11 Vice-Presidents; two Rapporteurs-General; the heads of UNDP, UNICEF, UNESCO and the World Bank; and the Executive Secretary of the Conference secretariat (see the annex for a list of the Bureau members).

12. A 30-member Drafting Committee was also established.

Results of the Conference

13. The Conference culminated in the adoption of a World Declaration on Education for All: Meeting Basic Learning Needs and of a Framework for Action to Meet Basic Learning Needs.

14. Some of the significant features that emerged from the Conference include:

(a) Acceptance of the broad concept of basic education as comprising literacy, numeracy and essential life skills and knowledge, to be achieved through early childhood development, primary education (formal and non-formal) and the "third channel" of traditional and mass communication;

(b) Legitimation of the "third channel" and recognition of the potential new possibilities that have emerged from the convergence of an exponential increase in information now available to the world - much of it relevant to survival and basic well-being - and the new capacity for communication among the world's peoples, a force that can be harnessed to meet the world's basic learning needs;

(c) Adoption of learning achievement as the new criterion of assessment, in contrast to past practices that included school enrolment figures or the number of years spent in school, as these do not necessarily reflect the attainment of learning objectives;

(d) The need to reduce the disparity between the education of girls and boys, as well as the need to focus on the special needs of disadvantaged groups such as disabled, working and refugee or displaced children;

(e) The adoption of the goal of universal access to primary education (or whatever higher level of education is considered "basic" in each country) by the year 2000. Learning achievement is to be used as the criterion of assessment, so that a given group of primary-school-age children (e.g., 80 per cent of 11-12 year olds) attain or surpass a level of necessary learning achievement as defined by each country.

15. The significance of these points cannot be overstated. The meaning and scope of basic education have been broadened, and the goal of universal primary education by the year 2000, with the use of learning achievement as an assessment criterion, would imply a possible restructuring of the present educational systems in many countries. Such restructuring would extend beyond the formal system, as it is unlikely that many countries would be able to reach the goal through the formal education system alone. Alternative means of delivery through non-formal education that recognize the constraints and needs of the urban and rural poor would have to be explored and developed.

16. An important breakthrough was made in acknowledging the role of NGOs when, for the first time at an international conference, they were given the status of delegates. The new goals for basic education set by the Conference are unlikely to be realized without assistance from NGOs, who cannot only play an important role through experimentation, but who can also work with disadvantaged groups through their extensive networks.

17. The four sponsoring United Nations agencies expressed a renewed commitment to basic education. In three years, the World Bank will double its education lending from the current level of $750 million and will also increase the share of that total for basic primary education from 20 to 28 per cent. UNDP will increase its

work for basic education within the overall context of human development. UNESCO has already increased its contribution for basic education and will offer its capacity for technical co-operation. UNICEF is proposing to the 1990 session of the Executive Board an increase in the share of programme expenditures for basic education to 15 per cent in 1993 (doubling its current allocation) and to 20 per cent in the year 2000 (a quadrupling in real terms over present levels).

18. A lesson learned in recent years from the child survival and development revolution (CSDR) has been the significance of a "cutting edge", or appropriate entry points, for successfully introducing a new initiative. Immunization served as the cutting edge for CSDR, and its success gradually led to the introduction of other elements which, in turn, led to the revival of health systems in general.

19. Primary education can serve as the cutting edge for the universalization of basic education. This would require the more efficient operation of the formal system, in addition to alternative means (particularly through non-formal education) of reaching the population, which could lead to further progress in early childhood development, the eradication of illiteracy and the use of the "third channel".

20. In order to support the implementation of this concept, UNICEF proposed during the Conference that international commitments be made to support the teaching and learning needs of, and the design of assessment systems for, all least developed and low-income countries. Textbooks and writing materials would be provided, but it would be expected that school construction would be supported locally. Support for the reassessment of current systems, as well as for a search for alternatives, would also be provided.

Follow-up to the Conference

21. The Conference also reached consensus on a broad framework for follow-up. Within that framework, it is expected that there will be specific actions at the country, regional and international levels.

22. At the country level, activities will include:

(a) Situation analyses of the current status of basic education and the development of a strategy to reach the goals of Education for All through the examination of different alternatives;

(b) Development of effective and affordable plans, including the development of instruments such as the establishment of learning achievement standards and testing methods;

(c) Mobilization of internal and external resources;

(d) Phased implementation of these plans, depending on the status of preparation and availability of resources;

(e) Operations research, monitoring and evaluation.

23. Regional-level activities will include networking of institutions; the development of arrangements for supervision, support and monitoring; training; and exchange of experiences.

24. At the international level, follow-up activities will include:

(a) Support to national efforts to reach Education for All goals, including mobilization of additional resources for countries that are committed to achieving these goals;

(b) Support for the development of materials and packages unique to each particular situation;

(c) Analyses and syntheses of experiences, especially doable, affordable means, in addition to innovative ways of reaching the Education for All goals.

25. UNICEF will work closely with other multilateral, bilateral, intergovernmental and non-governmental organizations in supporting national efforts to reach those goals. It will also work closely with the other sponsoring agencies in furthering the objectives of Education for All and will participate fully in any consultative forum developed for that purpose.

26. UNICEF will focus on national capacity-building through support to, and the use of, national institutions and will work closely with them in support of national strategies and plans to achieve the Education for All goals.

27. In order to generate political commitment to the goals of Education for All, UNICEF will submit those goals to the forthcoming World Summit for Children for endorsement by world leaders.

Annex

LIST OF BUREAU MEMBERS

President:	General Tienchai Sirisumpan Deputy Prime Minister, Thailand
Vice-Presidents:	Joyce R. Mpanga Minister of State for Primary Education, Uganda
	General Sekou Ly Minister of Education, Mali
	Dr. Mohammed Hamdan Minister of Education and Higher Education, Jordan
	Li Tieying State Counsellor, China
	Shikh Shahid Islam Minister of Education, Bangladesh
	Josef Hromadka Deputy Prime Minister, Czechoslovakia
	Noel Lindsay Secretary-General, Department of Education, Ireland
	Rodrigo Borja President of the Republic, Ecuador
	Thomas Kean Former Governor, State of New Jersey, United States of America
	Derek Bernard Minister of Education, Guyana
	Dan Wegener NGO Representative
Rapporteurs-General:	François Nordan Ambassador to UNESCO, Switzerland
	Esi Sutherland-Addy Deputy Minister of Education, Ghana

Heads of the four sponsoring agencies:	William H. Draper III Administrator, UNDP
	Federico Mayor Director-General, UNESCO
	James P. Grant Executive Director, UNICEF
	Barber Conable President, World Bank
Executive Secretary:	Wadi Haddad Conference secretariat